Policy 5141.52: Suicide Prevention

Status: ADOPTED

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The School District knows that mental health is serious. Suicide affects all people. Everyone can help stop suicide. Adults can be a big help to kids who might have thoughts about dying. Kids should speak with an adult if they ever have these thoughts.

The Superintendent will create a plan to help students fight suicide. The Superintendent will work with the District to carry the plan out. Someone at the District and at each school will be in charge of making sure the plan is being carried out.

Adults at school will learn about suicide, and how to help kids so kids have the help they need. The District will also speak with adults outside of school. If a K-6 student who has Medi-Cal benefits needs help, the District will work with the county to help the child.

Science shows you can stop suicide if you talk about it.

1. Messaging about Suicide Prevention

If you talk about thoughts of suicide, you are better able to stop it. The District will work with experts so that teachers, principals, and other adults at school can learn how to stop suicide.

2.

All District workers who work with kids will learn about mental health. Also, they will learn about stopping suicide.

The District workers will be called "adults" in this section.

Training:

- At least once a year, adults will learn how students think so that they can help kids who are thinking about suicide. Adults at school will learn about:
- What to look for:
- How to talk with kids about suicide:
- Who to call when someone needs help or if they think about suicide;
- About the feelings of kids at school:
- Plans to help people deal with how they feel if a suicide or attempt happens. How to find mental health services.
- How to look at data and other schools and school districts for patterns;
- Speaking with parents and guardians of kids who may be at risk of suicide.

3.

Adults who are not trained should not try to treat mental illness. Adults at the District will be trained to help kids that think about suicide.

Families will get handouts to help kids who might think of suicide. The District will give ideas on ways to help kids. The signs of certain feelings will be shared with families. The District will tell families what the district is doing to help kids. The District will tell families to find help at school if a student needs it. The District will also tell them who else can help.

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- The District will also use other lessons to teach kids. The lessons will come from Project Cal-Well.
 - https://www.cde.ca.gov/ls/cg/mh/projectcalwell.asp
- The District will support kids at school so that kids know schools care about them. Adults will be trained in Positive Behavior Intervention Systems (PBIS).
- Kids will learn about their feelings at school through lessons.
- Kids will be taught to ask for help when they need it.
- Kids will learn how to control their feelings when they are upset.
- Kids will learn how to stay calm when things don't go the way they want.
- Kids will learn about what to do when they see other kids are very upset.
- Kids will also learn about the signs of suicide in others.
- The District will give extra support to students that need it. The District will use a Multi-Tiered System of Support (MTSS).
- Kids will be supported to tell adults when they think of suicide. Kids will be supported to speak with adults if they think other kids think about dying too.
- Kids will also be supported if they tell someone that they tried to die by suicide.

or the student; Listen and talk with the student; em know there is help; if the student doesn't want to talk; ent with the student; pe angry at the student; udent know that you care and are there for them; dent know you will only tell the people who can help; When a student comes the adults will:

- Tsttlk tentheafamilises and thit standthes fit school can help the student; Ask the student how the school can make coming back to school easier; Let the teachers know if the student will miss any days;
- Let the student make up any missed work;
- Keep talking to the student to see how they feel; Work with the family and student to keep getting help.

8.

If tudent or adult dies by suicide, the adults at the school will:

efforts to ensure they align with best practices for safe messaging about suicide.

The West Contra Costa U.S.D. along with its partners has carefully reviewed available staff training to ensure it promotes the mental health model of suicide prevention and does not encourage the use of the stress model to explain suicide. Training shall be provided for all school staff members and other adults on campus who regularly interact with students.

- At least annually, staff shall receive training on the risk factors and warning signs of suicide, suicide prevention, intervention, referral, and postvention.
- All suicide prevention training shall be offered under the direction of school-employed mental health professionals
 (e.g., school counselors, psychologists, or social workers) who have received advanced training specific to suicide and
 may benefit from collaboration with one or more county and/or community mental health agencies. Staff training can
 be adjusted year-to-year based on previous professional development activities and emerging best practices.
- Core components of the general suicide prevention training shall include:
- Suicide risk factors, warning signs, and protective factors;
- How to talk with a student about thoughts of suicide;
- How to respond appropriately to the youth who has suicidal thoughts. Such responses shall include constant supervision of any student judged to be at risk for suicide and an immediate referral for a suicide risk assessment;
- Emphasis on immediately referring (same day) any student who is identified to be at risk of suicide for assessment while staying under constant monitoring by a staff member;
- Emphasis on reducing the stigma associated with mental illness and that early prevention and intervention can drastically reduce the risk of suicide;
- Review the data annually to look for any patterns or trends of the prevalence or occurrence of suicide ideation, attempts, or death. Data from the California School Climate, Health, and Learning Survey (Cal-SCHLS) should also be analyzed to identify school climate deficits and drive program development.
- In addition to initial orientations to the core components of suicide prevention, ongoing staff professional development for staff should include the following components:
- The impact of traumatic stress on emotional and mental health;
- Common misconceptions about suicide;
- School and community suicide prevention resources;
- Appropriate messaging about suicide (correct terminology, safe messaging guidelines);
- The factors associated with suicide (risk factors, warning signs, protective factors);
- How to identify youth who may be at risk of suicide;
- Appropriate ways to interact with a youth who is demonstrating emotional distress or is suicidal. Specifically, how to talk with a student about their thoughts of suicide and (based on district guidelines) how to respond to such thinking; how to talk with a student about thoughts of suicide and appropriately respond and provide support based on district guidelines
- District-approved procedures for responding to suicide risk (including multi-tiered systems of support and referrals).
 Such procedures should emphasize that the suicidal student should be constantly supervised until a suicide risk assessment is completed;

- District-approved procedures for responding to the aftermath of suicidal behavior (suicidal behavior postvention);
- Responding after a suicide oce

Under the supervision of school-employed mental health professionals, and following consultation with county and community mental health agencies, students shall:

• Receive developmentally appropriate, student-centered education about the warning signs of mental health challenges and emotional

2. Parents, Guardians, and Caregivers

A referral process should be prominently disseminated to all parents/guardians/caregivers, so they know how to respond to a crisis and are knowledgeable about the school and community-based resources.

3. Students

Students shall be encouraged to notify a staff member when they are experiencing emotional distress or suicidal ideation, or when they suspect or have knowledge of another student's emotional distress, suicidal ideation, or attempt. West Contra Costa U.S.D. staff will provide crisis intervention, counseling, and offer other support systems.

4. Parental Notification and Involvement

Crisis intervention staff will take the following steps to ensure continuity of care:

- After a referral is made for a student, school staff shall verify with the parent/guardian/caregiver that follow-up treatment has been accessed.
- If parents/guardians/caregivers refuse or neglect to access treatment for a student who has been identified to be atrisk for suicide or in emotional distress, the suicide point of contact (or other appropriate school staff member) will
 meet with the parents/guardians/caregivers to identify barriers to treatment (e.g., cultural stigma, financial issues) and
 work to rectify the situation and build an understanding of the importance of care. If follow-up care for the student is
 still not provided, school staff should consider contacting Child Protective Services (CPS) to report neglect of the
 youth-1-877-881-1116.

- Promise privacy and help, and be respectful, but do not promise confidentiality;
- Student should only be released to parents/guardians/caregivers or to a person who is qualified and trained to provide help.

6. Action Plan for Out-of-School Suicide Attempts

If a suicide attempt by a student is outside of West Contra Costa USD property, it is crucial that the privacy of the student is protected. Staff will maintain a confidential record of the actions taken to intervene, support, and protect the student. The following steps should be implemented:

- Contact the parents/guardians/caregivers and offer support to the family;
- Discuss with the family how they would like the school to respond to the attempt while minimizing widespread rumors among teachers, staff, and students;
- Obtain permission from the parents/guardians/caregivers to share information to ensure the facts regarding the crisis is correct:
- A staff member has been designated by the Superintendent to handle media requests;
- Provide care and determine appropriate support to affected students;
- Offer to the student and parents/guardians/caregivers steps for re-integration to school.

7. Supporting Students after a Mental Health Crisis

It is crucial that careful steps are taken to help provide mental health support for the student and to monitor their actions for any signs of suicide. The following steps should be implemented after the crisis has happened:

- Treat every threat with seriousness and approach with a calm manner; make the student a priority;
- Listen actively and non-judgmentally to the student. Let the student express his or her feelings
- Acknowledge the feelings and do not argue with the student;
- Offer hope and let the student know they are safe and that help is provided. Do not promise confidentiality or cause stress:
- Explain calmly and get the student to a trained professional, guidance counselor, or designated staff to further support the student;
- Keep close contact with the parents/guardians/caregivers and mental health professionals working with the student.

8. Re-Entry to School After a Suicide Attempt

A student who threatened or attempted suicide is at a higher risk for suicide in the months following the crisis. Having a streamlined and well-planned re-entry process ensures the safety and wellbeing of students who have previously attempted suicide and reduces the risk of another attempt. An appropriate re-entry process is an important component of suicide prevention. Involving students in planning for their return to school provides them with a sense of control, personal responsibility, and empowerment

The following steps shall be implemented upon re-entry:

• Obtain a written release of information signed by parents/quardians/caregivers and providers:

- Confer with student and parents/guardians/caregivers about any specific requests on how to handle the situation;
- Inform the student's teachers about possible days of absences;
- Inform the student's teachers about possible days of absence
- Allow accommodations for student to make up work (be understanding that missed assignments may add stress to student);
- Mental health professionals or trusted staff members should maintain ongoing contact to monitor student's actions and mood:
- Work with parents/guardians/caregivers to involve the student in an aftercare plan.

9. Responding After a Suicide Death (Postvention)

A death by suicide in the school community (whether by a student or staff member) can have devastating consequences on students and staff. Therefore, it is vital that we are prepared ahead of time in the event of such a tragedy. West Contra Costa USD has a Crisis Intervention Team and mental health support to provide services for responding to a suicide death as part of the general Crisis Response Plan. The Suicide Death Response Action Plan (Suicide Postvention Response Plan) needs to incorporate both immediate and long-term steps and objectives.

Suicide Postvention Response Plan shall:

- Identify a staff member to confirm death and cause (school site administrator);
- Identify a staff member to contact the deceased's family (within 24 hours);
- Enact the Suicide Postvention Response Plan, including an initial meeting of the district/school Crisis Intervention Team
- Notify all staff members (ideally in-person or via phone, not via e-mail or mass notification).
- Coordinate an all-staff meeting, to include:
- Notification (if not already conducted) to staff about suicide death;
- Emotional support and resources available to staff;
- Notification to students about suicide death and the availability of support services (if this is the protocol that is decided by administration);
- Share information that is relevant and that which you have permission to disclose.
- Prepare staff to respond to the needs of students regarding the following:
- Review of protocols for referring students for support/assessment;
- Talking points for staff to notify students;
- Resources available to students (on and off-campus).
- Identify students significantly affected by suicide death and other students at risk of imitative behavior,
- Identify students affected by suicide death but not at risk of imitative behavior;
- Communicate with the larger school community about the suicide death;
- Respond to memorial requests in a respectful and non-harmful manner; responses should be handed in a thoughtful way and their impact on other students should be considered;
- The identified media spokesperson for the district will be skilled to cover the story without the use of explicit, graphic, or dramatic content. Research has proven that sensationalized media coverage can lead to contagious suicidal behaviors.
- Utilize and respond to social media outlets:
- Include long-term suicide postvention responses.
- After a Suicide: A Toolkit for School is a comprehensive guide that will assist schools on what to do if a suicide death takes place in the school community. See the Suicide Prevention Resource Center Web page at http://www.sprc.org/comprehensive-approach/postvention
- Help & Hope for Survivors of Suicide Loss is a guide to help those during the bereavement process and who were greatly affected by the death of a suicide. See the Suicide Prevention Resource Center Web page at http://www.sprc.org/resources-programs/help-hope-survivors-suicide-loss
- For additional information on suicide prevention, intervention, and postvention, see the Mental Health Recovery

Services Model Protocol Web page at http://www.mhrsonline.org/resources/suicide%%%